

ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

St Margaret Mercy Healthcare Center - North

City: Hammond County: Lake Year: 2004

Provider Type: General Acute Hospital

I. Inpatient Care				
Hospital Service Description	Number of Set Up Beds	Number of Discharges	Number of Patient Days	Average Charge Per Discharge
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Med/Surg	21	2,022	4,401	\$2,984
ICU Neonatal	12	204	2,434	\$16,192
ICU Pediatric	0	0	0	\$0
Medical/Surgical	241	9,702	46,723	\$2,984
Neonatal Intermed	0	0	0	\$0
Obstetrics	23	1,247	3,472	\$1,326
Pediatric	24	475	1,745	\$1,888

Psychiatric	0	0	0	\$0
Rehabilitation	58	2,007	10,043	\$4,568
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	0	\$0
Other Services	0	0	0	NA
Acute Subtotal	379	15,657	68,818	NA
Normal Newborn	23	818	1,869	\$1,334

II. Outpatient Visits			
Circulatory System	9,102	Digestive System	3,198
Endocrine System	7,680	Injuries and Poison	11,832
Mental Disorder	1,609	Musculoskeletal	10,241
Neoplasms	4,027	Nervous	3,062
Respiratory	4,424	Urinary	5,612
Other/Unknown	45,958	Total Visits	106,745
Number of Visits to Emergency Department			36,746
Percent of Emergency Department Visits of Total Visits			34.4%

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

N - Ambulance Service (Owned)	N - Alcohol/Drug Service	Y - Anesthesia Services
Y - Audiology	Y - Blood Bank	Y - Cardiac Cath Lab
Y - Cardiac-Thoracic Surgery	Y - Chemotherapy Service	N - Chiropractic Service
Y - CT Scanner	N - Dental Service	Y - Dietetic Service
Y - Extracorporeal Lithotripter	N - Gerontological Service	Y - Home Health Service
N - Hospice	Y - Laboratory Anatomical	Y - Laboratory Clinical
Y - Magnetic Resonance (MRI)	Y - Neonatal Nursery	Y - Neurosurgical Service
Y - Nuclear Medicine	Y - Occupational Therapy	Y - Operating Room
Y - Ophthalmic Surgery	N - Optometric Service	N - Organ Bank
N - Organ Transplant	Y - Orthopedic Surgery	Y - Pharmacy
Y - Physical Therapy	Y - PET Imaging	Y - Postoperative Recovery
Y - Psychiatric Emergency	N - Psychiatric Child	N - Psychiatric Forensic
N - Psychiatric Geriatric	Y - Radiology Diagnostic	Y - Radiology Therapeutic
N - Reconstructive Surgery	Y - Respiratory Care	N - Rehab Inpat CARF
N- Rehab Inpat Non CARF Acc	Y- Rehab Outpatient	Y- Renal Dialysis

Y - Social Services	Y - Speech Pathology	Y - Surgical Inpatient
Y - Surgical Outpatient	N - Trauma Center Certified	N - Transplant Cnt Medicare
N - Urgent Care Center		

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported
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